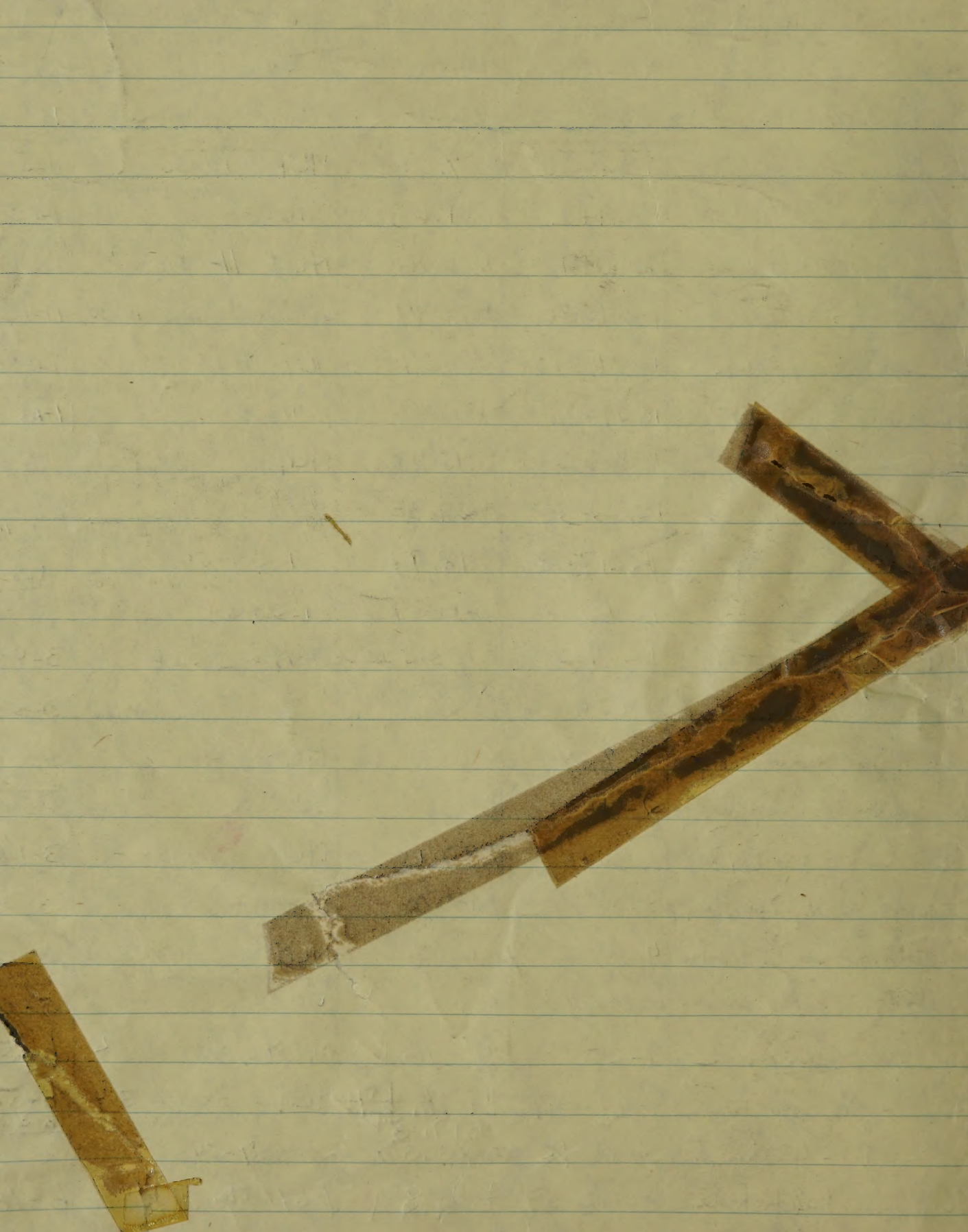


1953 - 1954

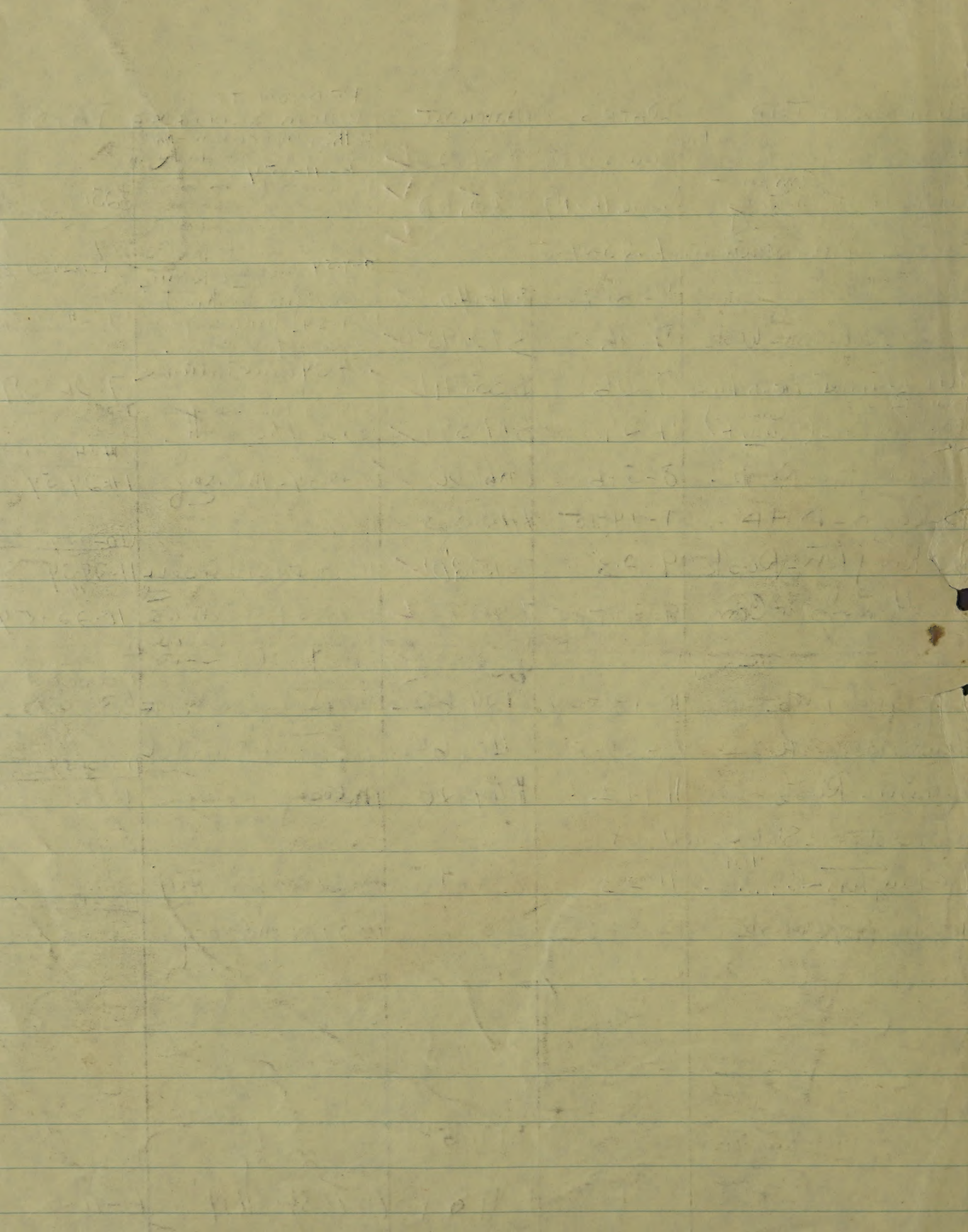
Exec. office of the Pres. Sec.
Office of Defense Mobilization
Washington, D.C.

Purpose of trip	Dates	Amount	Person to whom Sent + Date	Paid
Rusk Com. - ^{reported per 53}	8-20+21	\$62.43 ✓	Margaret Casey SILVARE 8-24 Wash. D.C.	11-20-53 \$96.18 per diem
Vets Admin. - ^{reported per 53} Med Serv Agency	9-14	\$180.00 ✓	Returned gov forms 9-15	10-2-53
Adm. Commission	9-25+26	\$37.37 ✓	NLN - 10-30	11-5-53
Rusk Com. - ^{reported 53} per day	10-1+2	\$81.63 ✓	Off. of Defense Mobilization 10-30 Wash. D.C.	1-13-54
NLN - Connecticut	10-6+7	\$9.16 ✓	NLN 11-18	pd in advance NLN headquarters
Com. Fin. Hq. Costs	10-15+16	\$79.47 ✓	Com. Fin. Hq. Cor. 10-30	11-13-53
N.L.N. - Minnesota State Jura	10-26+27+28	\$40.57 ✓	NLN 11-18	pd in advance NLN headquarters
Rusk Com. - ^{reported 53} per day	10-29+30	\$13.94 ✓	11-18 Margaret Casey Rm 112 Exec. Bldg.	1-13-54
NLN	11-8-22	\$115.48 ✓	NLN -	pd in advance NLN headquarters
Rusk Com. - ^{reported 53} per day	12-2+3	\$27.30 ✓	Mrs. Margaret Casey Rm 112 Exec. Bldg.	1-13-54
Rusk Com. - ^{reported only} per day	12-17+18	\$18.73 ✓	Mrs. Casey 1-29-54 Exec. off. of Building	1-13-54
Rusk Com.	1-6, 7+8	\$20.52 ✓	Mrs. Casey 1-29-54 Exec. Office Building	1-29-54 \$88.11
NLN - Board Meeting	1-24-2-1	\$103.52 ✓ 1,2,31 trans.	Miss Fillmore - NLN	pd. 3-4-54
Veterans Advisory	2-4-54	\$130.00 ✓ 86.83 hours	Returned gov forms	pd 2-26-54
Governor's Council	2-9-54	\$103.83 ✓ \$63.25-60.83	Miss Fillmore - N.L.N.	pd 3-4-54
Per. H. Rusk Com.	2-16 - 19	\$52.05 ✓	Mrs. Margaret Casey 3-1-54 Rm 112 Exec. Bldg.	pd. 3-24-54
Chicago - Joint Com.	3-4, 5+6	\$97.15 ✓	3-11-54 Miss Fillmore NLN	pd 3-19-54
Veterans Advisory	March 8	\$180.00 ✓	forms taken by R. S. Brantley 4-20-54	pd 3-25-54
House Commission	April 8	\$66.06 ✓	to Miss Fillmore	
Rusk Com.	April 15+16	\$34.35 ✓	4-23-54 to Mrs. Casey, Exec. off. Bldg.	5-7-54 \$88.11 pd. 5-26-54
Alla	April 24+29			

PURPOSE OF TRIP	DATES	AMOUNT	PERSON TO WHOM SENT AND DATE	PAID
Rusk Com. - ^{reported to Dir Res '53}	8-20+21	\$62.43 ✓	Margaret Casey 8-24	11-20-53 \$96.18 per diem incl
Vets Admin. - ^{reported tax '53} Medford, Oregon	9-14	\$180.00 ✓	Returned Gov't Forms FHS	10-2-53
Joint Commission, N.Y. - ^{Reported '53 tax}	9-25+26	\$37.37 ✓	NLY 10-30	11-5-53
Rusk Com.	10-1+2	\$81.63 ✓	Office of Defense Mobilization 10-30	1-13-54
NLY - Connecticut	10-6+7	\$9.16 ✓	NLY 11-18	pd. in advance NLY Headquarters
Com. Fin. Hosp. Costs	10-15+16	\$79.47 ✓	Com. Fin. Hosp. Care 10-30	11-13-53
NLY Minnesota + Iowa	10-26, 27, 28	\$40.57 ✓	NLY 11-18	pd. in advance NLY HEADQUARTERS 11-20-53 50-08391-20
Rusk Com. - ^{reported '53 tax}	10-29+30	\$13.94 ✓	Office of Defense Mobilization 11-18	1-13-54
NLY - Ind. Ill. - ^{reported '53 tax}	11-8-22	\$115.48 ✓	NLY Office of Defense Mobilization 12-4	pd. in advance NLY Headquarters 11-20-53 50-08391-20
Rusk Com. - ^{reported only fee}	12-2+3	\$27.30 ✓	Office of Defense Mobilization 1-29-54	1-13-54 11-14-54 \$81.80
Rusk Com. - ^{reported only fee}	12-17+18	\$18.73 ✓	Office of Defense Mobilization 1-29-54	1-13-54 11-14-54 \$81.80
Rusk Com. - ^{reported only fee}	1-6+7+8	\$20.57 ✓	Office of Defense Mobilization 1-29-54	1-13-54 11-14-54 \$81.80
NLY BOARD MEETINGS	1-24-2-1	\$103.52 ✓	NLY 2-26	3-4-54
Veterans Admin. - Washington	2-4-54	\$130.00 ✓	Returned Gov't forms	2-26-54
Governors' Council Meeting	2-9-54	\$103.83 ✓	NLY Office of Defense Mobilization 3-1-54	3-4-54 3-11-54 \$163.10
Tratt + Rusk Committees	2-16-19	\$60.85 ✓	3-1-54	3-24-54
Joint Commission, Chicago	3-4, 5+6	\$97.15 ✓	NLY 3-11-54	3-19-54
Veterans Admin. - Medford, Oregon	3-8	\$180.00 ✓	Returned Gov't forms	3-25-54
Hover Commission - Washington	4-8	\$66.06 ✓	NLY 4-20-54	5-7-54 \$81.80
Rusk Com.	4-15+16	\$34.35 ✓	Office of Defense Mobilization 5-27-54	5-26-54
NLY - Rhode Island	4-20	\$4.76 ✓	NLY 5-27-54	6-5-54
NLY ^{Diploma + Assoc. to further programs +} ANA CONVENTION	4-24-29	\$176.67 ✓	NLY 5-27-54	6-5-54
Rusk Com. - Washington	5-13+14	\$23.50 ✓	Office of Defense Mobilization 5-27-54	6-20-54
NLY - New Hampshire	5-26+27	\$7.89 ✓	6-11-54 NLY	6-16-54



Purpose of Trip	DATES	Amount	PERSON TO WHOM SENT	DATE PAID
Address Catholic Nurses' Convention Amherst	June 5, 1954	\$56.22 ✓	Father McGowan - Nat'l CATHOLIC WELFARE - Washington	6-11-54
Public Health Meeting Cancelled —	June 16-17	\$25.00 ✓	Returned Form to Pub. HEALTH OFFICE	\$25.00 8-3-54
Rusk Com. - San Francisco	6-23-24-25		round trip cancelled air ticket sent to Mrs. Casey	6-30-54 7-29-54 \$81.80
Rusk - Washington	7-8+9-	\$16.40 ✓	Mrs. M. Casey Room 112 Exec. office Washington	7-29-54 \$81.80
Rusk - Sub. com. - Wash.	7-16-	\$12.95 ✓	8-4-54 M. Casey Exec. office Bldg.	
NLN welcome to French Nurse Rusk	7-26	\$35.71 ✓	8-4-54 Anna F. Moore	7-26-27 7-29-see above +
Washington - (Sub. com.) (Army +)	7-29	\$17.34 ✓	8-4-54 M. Casey Exec. office Bldg.	8-4-54 \$81.80
Washington - Rusk -	8-5+6	\$36.00 ✓	10-19-54 - M. Casey	11-24-54
Chicago - AHA	9-14+15	\$112.53		10-7-54 \$40.83
Washington - Rusk	9-2-3	\$15.20 ✓	10-19-54 - M. Casey	11-24-54
New York - Joint Com	9-24+25	\$40.83 ✓	10-19-54 - Q. Filmer	10-22-54
Washington - Rusk	10-5	\$38.14 ✓	Went to Denver - NLN bought tickets	Advance of
NLN Field Trip	10-13-24	\$124.62 ✓	Received from NLN	\$300.00
New Jersey - NLN -	10-27-	\$40.64 ✓	Received from NLN	12-2-54 1540
Miami - Rusk	11-11-12	\$44.20 ✓	M. Casey Exec. office	1-19-55
Worcester - State League	11-18			
Washington - NLN USPHS -	11-23	\$56.40	Received from NLN	12-17-54 \$21.8
Washington - Rusk	12-2+3		12-27-54 M. Casey	
Amherst	12-16+17			



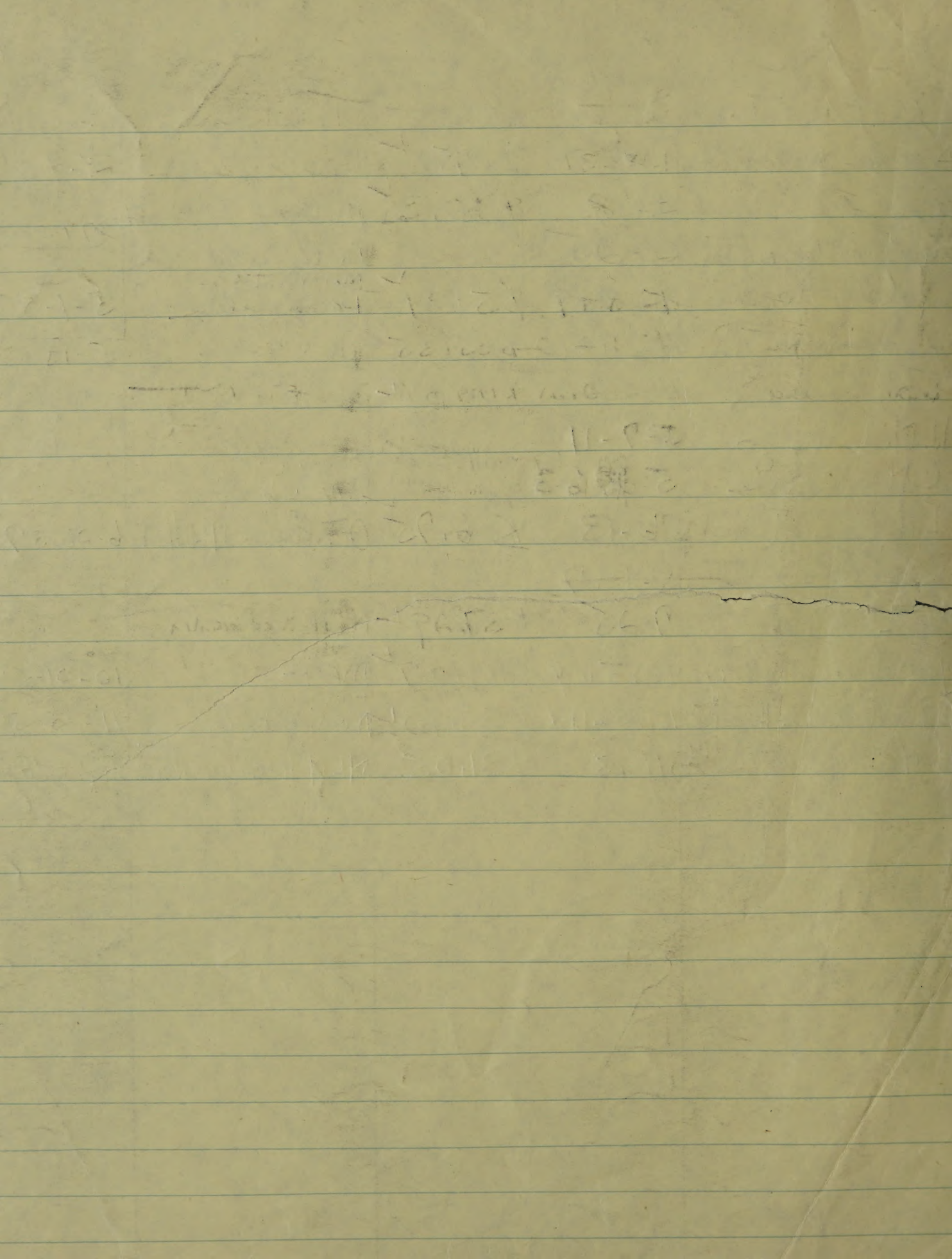
1956

Purpose of Meeting	Dates	Am't	Person to whom sent	Paid
Rusk - Washington	1-9+10	\$44.30	M. Casey Exec. off. Bldg	2-5-56 \$81.80 3-19-56
Jun. & Col. Qdr. New York	1-16+17	\$45.09	Mildred Matog, T.C.	2-24-56
NLN - Board Meetings	1-24-28	\$90.78	U.F. Allende	5-1-56 3-23 \$77.80
RNA - Conf. ^{Washington} Plano ^{Wayne}	2-20+21	\$40.25	M. Casey Exec. off. Bldg	6-21-56 4-5-56 \$79.80
Rusk - Washington	3-12+13	\$40.25	M. Casey Exec. off. Bldg	6-21-56
FLH Health Council N.Y.	3-21, 22+23	\$77.94	A. F. Allende - NLN	6-8-56
Dr. H. Copenhagen	4-9-4-23	\$2.76	RNA Headquarters	5-31-56 \$39.80
Rusk - Washington	5-10	\$135.97	M. Casey Exec. Bldg	7-20-56
M.G.H. Chicago	5-11, 12, 13	\$38.03	L. Mart. Im - conf. Bldg	7-20-56
NLN Chicago	5-14-18	\$146.03	NLN - headquarters	7-20-56 6-14 \$100.00
Rusk - N.Y. & Washington	5-31+6+12	See 510	M. Casey - Exa Bldg	7-21-56
Nursing Services	6-5	See 510	M. Casey Exec. Bldg	6-28 - \$39.80
Rusk - Chicago	6-12	See 510	M. Casey Exec. Bldg	7-21-56
NLN - Nursing & Defense	8-9	\$42.79	NLN Headquarters	9-19-56 10-5 \$79.80
Chicago - Rusk	9-19-20-21	\$50.10	M. Casey - Exec Bldg	10-27-56
New York NLN - Rusk	10-4-5	\$21.49	NLN -	1-25-57 \$120.00 11-25-56
Washington Rusk	10-8+9		M. Casey - Exec. Bldg	
Indiana - NLN	10-17-20	\$142.44	Exec Sec. of SNA Nancy Scramlin	11-14-56
Hartford Conn.	10-24	\$26.28	Mrs. E. McManis	11-9-56
Texas - NLN	11-6	\$221.22	Dallas Area League of Nursing	12-22-56
Rusk, Atlantic City	11-15-16			
Washington HEW	11-28	\$18.65	H.E.W.	\$36.35-12-17
Rusk - Washington	12-11+12	\$90.55	M. Casey - Exec Bldg	\$39.80 12-22-56
		includes 10-4, 5, 8+9		

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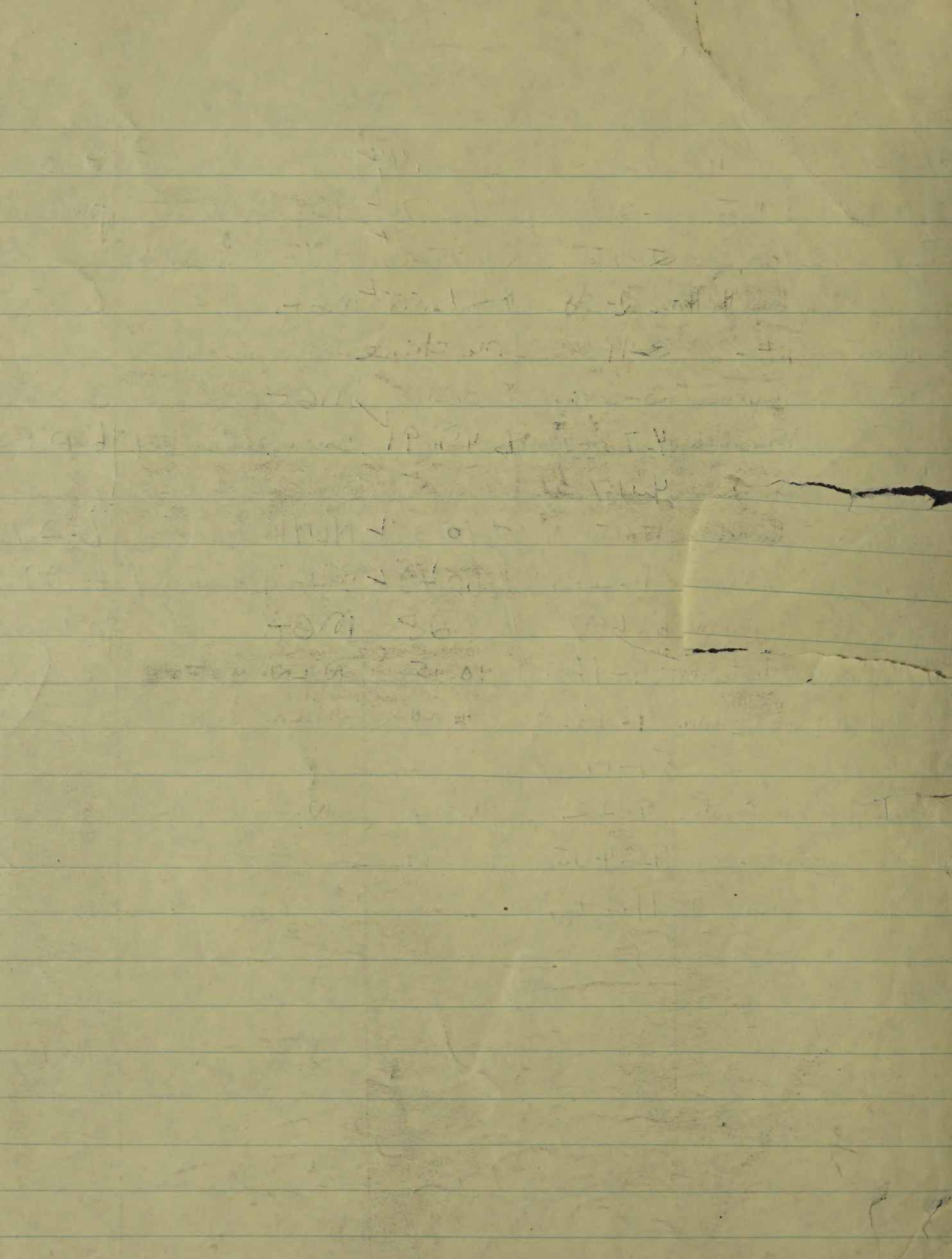
1957

Purpose of Trip	Dates	Amount	To Whom Sent	Paid
AHA - Mexico + Cuba	1-18-31	\$275.00	Jose Gonzalez	3-4-57 <i>(paid balance)</i>
Federal Nursing Council ^{Wash}	2-18	\$60.35	M. Casey Exec. Office	\$79.55 3-2-57
Rusk Com - Washington	2-25		M. Casey Exec. Office	
Junior College Advisory	4-8+9	\$51.31	M. Casey Exec. Office	5-1-57
Rusk - Washington	4-11+12	\$35.35	M. Casey	\$79.55-5-3 5-18-57
Detroit Tri. Part. League	4-23-24-25	\$109.00	Detroit Tri. County	
NLN - Chicago	5-7-11			
J.C.N. - Rome	5-20-6-3	\$1043. received from N.A. \$70.04 refund to AHA	\$972.96 not expense	
N.L.N. - Com. on Fellowship	6-18	\$6.75	O. Fillmore NLN Head	6-26-57
Rusk Com - Washington	8-6+7			
NLN - AHA	7-25	\$37.29	NLN Headquarters	
AHA Atlantic City	9-27 to 10-4	\$109.07	M. G. H.	10-21-57
Pennsylvania Hospital	10-30-11-1	\$59.90	Marie Hance	11-15-57
NLN Com. Junior College ^{NY}	11-15	\$31.05	NLN Headquarters	12-24-57



1958

PURPOSE OF TRIP	DATES	AMOUNT	TO WHOM SENT	PAID
NLN-NFLPN-N.Y.C.	1-10-58	\$28.49	NLN Headquarters	3-15-58
NLN Board Meetings	1-26 to 30	\$63.74	NLN Headquarters	paid in advance
S.C.N - London	2-9 to 15	\$475.00	A.N.A. pd. in advance	paid in advance
Council of Teaching Hqrs. New Haven	2-28	\$21.55	M.G.H.	3-25-58
Manchester, N.H.	3-19	no charge		
WNAC & Recruitment	3-24	\$3.00	M.G.H.	3-27-58
Univ of Penn. - Philadelphia	4-7, 8+9	\$47.91	Dr. Bridgman NLN	6-27-58
Univ. of Rochester	4-17	\$155.26	Univ. Rochester	4-29-58
Comm. State & Local Hqrs	5-15	\$10.35	NLN Headquarters	6-27-58
Univ. Penn. - Philadelphia	6-2+3	\$60.49	Dr. Bridgman NLN	6-27-58
Atlantic City Council	6-6+7	\$86.28	M.G.H.	paid in advance
NLN Committee to Study	9-16-	10.15	N.L.N. Hqrs	
NFLPN-NLN Interorg. Conv.	9-18-	40.00	N.L.N. Hqrs	
NLN-AAAC	9-19			
NLN-Phy. & Bio. Res. Hqrs	9-22	28.40	N.L.N. Hqrs	
NLN State Pres -	9-24+25	23.61		
NLN Bd. Meetings NY	11-6+7			



MISS ELKEPHER'S TRAVEL SCHEDULE - FALL - 1953

August 20-21	Washington - Busk Committee
September 14	Washington - Veterans Advisory Committee
September 25-26	New York - Joint Commission for the Improvement of the Care of the Patient
October 1-2	Cleveland - Busk Committee
October 6-7	Connecticut - NLM
October 15-16	Washington - (Busk Committee) (Commission on Financing of Hospital Costs)
October 26-27	Minneapolis - NLM
(October 28-29)	Iowa - NLM
7 (October 29-30)	Washington - Busk Committee
November 9-10-12-13	Indiana - NLM
Utah 14-18	Nebraska - NLM
November 19-20	Salt Lake City Utah - NLM
December 4-5	California - NLM
December 7-8	St. Louis - Busk Committee
Dec. 7 - Vet. Advisory Com -	Chicago - Commission on Financing of Hospital Costs
December 17-18	Washington - Busk Committee
January 7-8	Washington - Busk Committee
Jan 14-15	New York - <i>Grinnell College</i> Advisory
March 3	Washington - Veterans Advisory Committee
June 14	Washington - Veterans Advisory Committee
September 13	Washington - Veterans Advisory Committee
December 6	Washington - Veterans Advisory Committee

Miss Sleeper's schedule of meetings away from Boston

Feb. 9	Detroit, Mich.	Governor's Council
Feb. 16 & 17	Washington, D. C.	Pratt Committee (sub-committee of Health Resources Advisory)
Feb. 18 & 19	Washington, D. C.	Health Resources Advisory Com.
Mar. ⁴ Mar. 5 & 6	Chicago, Ill Chicago, Ill.	A.H.A. Joint Com. for Improvement of the Care of the Patient.
Mar. 8	Washington, D. C.	Special Medical Advisory Group - Veterans Administration
<i>Mar 11</i>	<i>Chicago, Ill</i>	<i>Hudson Ave</i>
Mar. 11 ¹⁸ & ¹⁹ 12	Washington, D. C.	Health Resources Advisory Committee
Mar. 27 through April 4	London, England	WHO Expert Committee on Nursing
April 23	Chicago, Ill	?
April 25 & 26	Chicago, Ill	Conference on Member Agencies & Greetings from NLN to A.N.A. Convention
June 5	Washington, D. C.	Catholic Hospital Ass'n.

?
not confirmed
as yet.

April & May dates
for Rusk Com. not
yet scheduled.

TRAVEL VOUCHER

D. O. Vou. No. _____

Bu. Vou. No. _____

U. S. Department of State
(Department, bureau, or establishment)

Payee's name (1) William S. Roe

Mailing address (2) 2210 - 16th Street, N. W.

Washington 12, D. C.

(3) Washington, D. C. (Leave Blank)
(Official duty station) (Residence—For use by Postal Service employees only)

Travel and other expenses in the discharge of official duty from (4) Oct. 1, 1951 to Oct. 20, 1951 under authority
(Date) (Date)

No. 2-0982 dated Sept. 21, 1951 copy of which is attached, or has been previously furnished. I have a
(5)
travel advance of \$ 50.00 to which \$ 50.00 of this voucher should be applied.

I certify that this voucher and attachments are correct and just in all respects, and that payment or credit therefor has not been received.

Payee† (6) (6)
(Signature) (Date)

AMOUNT CLAIMED →

DOLLARS	Cents
(12)	
96	25

(For Administrative Use)

Differences:

APPROVED:

Total verified correct for charge to appropriation(s) (initials) _____

Applied to travel advance (appropriation symbol) _____

NET AMOUNT TO TRAVELER

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. _____, paid _____ by _____
(Month—year) (Insert name and symbol of disbursing officer)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

Date _____, 19____
(Authorized certifying officer)

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

Appropriation, Limitation, or Project Symbol	Appropriation Title (Optional)		Limitation or Project (Amount)	Appropriation (Amount)		
(7) 1921125	International Contingencies, Department of State, 1952					
Allotment Symbol	Amount	Obligations Liquidated	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			Symbol	Amount	Symbol	Amount
(7) 2N-1021						
ACS 404021						

Paid by Check No. _____

Paid by Cash \$ _____ on _____

Dated _____
(Signature of payee—cash payment only)

†PENALTY FOR PRESENTING FRAUDULENT CLAIM.—Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. Title 18, U. S. C. 287; id. 1001.

†FORFEITURE OF FRAUDULENT CLAIM.—Falsification of an item in an expense account works a forfeiture of the claim. Title 28, U. S. C. 2514.

**WHEN TYPED
USE SINGLE SPACE**

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

[illegible]

GPO : 1951 O - 81708

SUBJECT: Authorization and Limitation of Per Diem

1. Purpose

This circular revises Departmental Announcement 80, Authorization and Limitation of Per Diem, dated July 1, 1952, by exempting the War Claims Commission from the limitation of per diem allowances as effected by that announcement. Departmental Announcement 80 should be cancelled since its provisions, as amended (sections 2 and 5), are restated below.

2. Maximum Per Diem Rates

Except for travel authorizations issued for the War Claims Commission, all travel authorizations issued on or after July 15, 1952, unless the travel authorization specifies a lower rate, the maximum per diem rate permitted by the Standardized Government Travel Regulations, as amended, for the area and method of travel involved shall apply, except that a maximum per diem rate of \$5.00 is hereby authorized for travel on vessels where the price of passage includes meals.

3. Limitation When Travel Exceeds 7 Days

Where the price of transportation includes meals (regardless of method of travel), the maximum per diem rate shall be allowed for the fraction of the day of embarkation and for the next 7 calendar days (midnight to midnight) of continuous travel. For the remainder of the period of continuous travel, the rate of \$2.00 per day shall be allowed.

4. Definition of Continuous Travel

In applying this limitation, travel shall be considered as continuous unless there is a change in conveyance or means of transportation (for example, from ship to ship or ship to air) or unless it is interrupted for 6 hours or more to perform official duties or to await the first available onward transportation. Interruptions which are incurred for the personal convenience of the traveler, or are otherwise officially unnecessary, shall not be construed as breaking a period of continuous travel. When travel is interrupted by a change in conveyance or means of transportation, or for a period of 6 hours or more for official purposes, or to await the first available onward transportation, the maximum per diem rate permitted by the travel authorization for the area will be allowed for the period of interruption. If the journey is thereafter

continued by a means of travel where the price of transportation includes meals, the maximum per diem rate shall again be allowed for the fraction of the day of embarkation and for the next 7 calendar days (midnight to midnight) of continuous travel, after which the reduced rate shall apply.

5. Action Required

Where it is anticipated that the provisions of section 3 or 4 of this circular will apply to the travel to be performed, personnel preparing travel authorizations shall include in the body of the travel authorization the following statement:

"Where price of transportation includes meals, per diem authorized in accordance with Department Circular 8, dated November 7, 1952, or FSTR 4.6".

6. Purpose of Reduction

It is believed that this reduction will not deny to travelers appropriate reimbursement for necessary incidental expenses en route but will end an apparent inequity in the allowances payable for extended sea voyages as compared to more expeditious travel.

(Division of Central Services - CS)

10 - 1967-1968

TRAVEL VOUCHER

D. O. Vou. No. _____

Bu. Vou. No. _____

U. S. Department of State
(Department, bureau, or establishment)

Payee's name Ruth Sleeper

Mailing address 32 Fruit Street
Boston, 14, Mass.

Boston, Massachusetts
(Official duty station)

(Residence—For use by Postal Service employees only)

Travel and other expenses in the discharge of official duty from May 3, 1953 to May 21, 1953 under authority
(Date) (Date)

No. 3-5945 dated April 15, 1953, copy of which is attached, or has been previously furnished. I have a
travel advance of \$ 0 to which \$ _____ of this voucher should be applied.

MEMORANDUM

July 6, 1953

(For Administrative Use)

AMOUNT CLAIMED →

DOLLARS	Cents
---------	-------

90	00
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Differences:

APPROVED:

Total verified correct for charge to appropriation(s) (initials) _____

Applied to travel advance (appropriation symbol) _____

NET AMOUNT TO TRAVELER

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. _____, paid _____ by _____
(Month—year) (Insert name and symbol of disbursing officer)

MEMORANDUM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Appropriation number 1931125
Allotment number 3H-1021
Obligation number 251

Paid by Check No. _____

Dated _____

MEMORANDUM

WHEN TYPED
USE SINGLE SPACE

2. Temporary duty station on last day of next preceding voucher period was _____ ;
date of arrival at such temporary duty station _____ .

DATE 19__	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES @ _____ cents per mile	AMOUNT CLAIMED			
			MILEAGE	SUBSISTENCE	OTHER	
	Passport application fee					1 00
	Passport photographs (Receipt attached)					2 00
5/3	Departed Boston, Mass 8:30 A.M., NYNH&H coach seat					8 90
	Taxi-residence to station					80
	Tip to taxi driver					10
	Tip to Redcap					50
	Arrived New York, Penn. Station -taxi to air terminal					85
	Tip to Redcap					50
	Tip to taxi driver					10
	Limousine to Idlewild					1 25
	Departed New York 5:40 P.M.					
5/4	Arrived Geneva, Switzerland 4:40 P.M.					
	On duty until departure					
5/20	Departed Geneva 5:20 P.M.					
5/21	Arrived Boston, Mass. 10:20 A.M.					
	Tip to Redcap					50
	Per diem claimed					
	5/3 -8:30 A.M. - 5:40 P.M. @ \$9.00 1/3 3.00					
	5/3 5:40 P.M. - 5/4 4:40 P.M. @ \$6.00 6.00					
	5/4 4:40 P.M. - 5/20 5:20 P.M. @ \$12.00 \$92.00					
	5/20 5:20 P.M. - 5/21 10:20 A.M. @ \$6.00 3/4=4.50					
	Less per diem paid in Geneva in accounts \$132.00					
	of Thomas McLaughlin May 5-15, incl. voucher #262					
Grand total to face of voucher		\$90.00			\$ 73 50	16 50
(Subtotals, to be carried forward if necessary)						

[illegible]

16-63078-1 U. S. GOVERNMENT PRINTING OFFICE: 1952-O-984926

VETERANS ADMINISTRATION		CLAIM NO.
AUTHORIZATION AND INVOICE FOR MEDICAL SERVICE		
ORIGINATING OFFICE Assistant Chief Medical Director for Professional Service	SERVICE TO BE FURNISHED TO VETERAN'S NAME (Last, first, middle initial) AND ADDRESS Does not apply	
DATE August 25, 1953		
TO: MISS RUTH SLEEPER Director of School of Nursing & Nursing Services Massachusetts General Hospital Fruit Street Boston 14, Mass.		YOUR INVOICE AND INSTRUCTIONS PERTAINING THERETO ARE PRINTED ON REVERSE SIDE
☐ THE ABOVE-NAMED VETERAN WILL REPORT FOR SERVICE ON OR ABOUT _____ (DATE)		
☐ YOU ARE REQUESTED TO NOTIFY THE ABOVE-NAMED VETERAN WHEN TO REPORT		
☐ THE ABOVE-NAMED VETERAN HAS BEEN INSTRUCTED TO CONTACT YOU FOR APPOINTMENT		
NATURE OF SERVICE AUTHORIZED: (History—Diagnosis—Special instructions, etc.)		
As provided under Section 12, Public Law 293, 79th Congress, you are authorized to render services to the Veterans Administration Department of Medicine and Surgery by attending a meeting of the Special Medical Advisory Group in Washington, D. C. on September 14, 1953. A total of two days will be required for this service. For these services we can offer you the sum of \$180.00 as remuneration in full. If this financial arrangement is agreeable to you, you may indicate your acceptance by signing your name on ONE CARBON COPY, in the space provided in this block, and return the signed carbon copy of this form in the enclosed addressed envelope. I agree. _____ RUTH SLEEPER <i>paid 10-2-53</i>		
INSTRUCTIONS. —1. Fee-basis service is limited to the above authorization. Prior authority must be requested for any additional service or for an extension of the authorized period. 2. If the veteran fails to report or if service is not furnished within the authorized period, the issuing office MUST be notified to that effect and all papers returned. If neither the invoice nor the notification referred to above has been received by the issuing office within 30 days after the authorized period, the authorization will be canceled automatically. 3. If medical service is rendered within the authorized period, complete the invoice on the reverse side in accordance with billing instructions thereon, and submit report of treatment or examination on appropriate Veterans Administration forms.		
NUMBER OF TREATMENTS AUTHORIZED	DATE OF AUTHORIZATION September 13, 1953	AUTHORIZATION EXPIRES September 14, 1953
FEE AUTHORIZED \$180.00	THE FOLLOWING PAPERS ARE ENCLOSED None	
FISCAL SYMBOLS AND AUTHORITY 3630100.001 1001-8110-0111	SIGNATURE AND TITLE OF AUTHORIZING OFFICER K. A. CARROLL, M.D. Assistant Chief Medical Director for Professional Service	
APPLICABLE FEE SCHEDULE		

INVOICE

IN ACCOUNT WITH VETERANS ADMINISTRATION FOR PROFESSIONAL SERVICES RENDERED TO THE BELOW-NAMED VETERAN

DATE

VETERAN'S NAME (Last, first, middle initial)

CLAIM NO.

C-

DATE(S) OF SERVICES

SERVICE(S) AND/OR ITEMS FURNISHED

FEE

Sept. through Sept. 1953

Attending a meeting of the Special Medical Advisory Group in Washington, D.C. on September 14, 1953

TOTAL

I certify that the above bill is correct and just; that payment therefor has not been received.

NAME AND ADDRESS OF PAYEE (Type or print)

SIGNATURE OF PAYEE (See instruction 4, below)

MISS RUTH SLEEPER

Director, School of Nursing & Nursing Service
Mass. General Hospital, Fruit St., Boston 14, Mass.

(Sign ONLY that copy on which the ORIGINAL written or typed invoice data appear)

INSTRUCTIONS

This side may be used as your invoice. This invoice does not serve in lieu of medical forms reporting treatments or examination. Please follow instructions below.

1. Retain the copy of the authorization signed by the authorizing officer or his designate for your files.
2. Upon conclusion of services authorized, complete the invoice side of the REMAINING TWO (carbon) COPIES of this form. Sign ONLY that copy on which the ORIGINAL written or typed invoice data appear. Return both the signed invoice and the unsigned duplicate copy thereof to the office which has issued the authorization.
3. Payment will be made on the basis of this certification (provided the invoice is found to be correct); no further bill or statement need be submitted.
4. When an invoice is signed or receipted in the name of a hospital, laboratory, clinic, etc., the name of the establishment as well as the signature and title of the authorized official must appear. For example: Smithfield Hospital per Dr. John Brown, Administration Officer.

February 4, 1956

Miss Lillian V. Palmer
National League for Nursing
Two Park Avenue
New York 16, N. Y.

Dear Miss Palmer:

I don't know why when I was in your office last week I forgot to give you the enclosed amount. In the fall I went to Connecticut. At that time as I purchased my ticket at the airlines I somehow thought that meeting in Connecticut was one financed by the National League, so I used the air card. Then I learned that it was not to be financed by the National League but by the Connecticut State League since this was not a part of the flying squadron's activities. Consequently I am now returning \$7.10 which is for the flight fare from Hartford to Boston. If this is not correct, and does not match your books correctly please do let me know so that I may make the necessary change. It was good to see you in New York.

Sincerely yours,

Ruth Sleeper, R.N.

Director of the School of Nursing
and Nursing Service

Enc.
RS:BF

